

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1							
2		1						
3		2						
4		0						
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TOTAL IND.	1	↓		↓		↓		
TOTAL DEP.	9	↓		↓		↓		
TOTAL CLAIMS	10							

Best Available Copy

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS